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# COORDINATION AND FUNDING OF AMBULANCE SERVICES IN ALBERTA

## GROUND AMBULANCE SERVICES TASK FORCE

## RECOMMENDATIONS

AUGUST 1997

# INTRODUCTION

Over the past few years, substantial changes have occurred in Alberta's health system. These changes have been designed to restructure, streamline and improve the efficiency and coordination of health services. Seventeen Regional Health Authorities have been established. More emphasis is being placed on community care. Continuing improvements to treatment mean that people are spending less time in acute care hospitals. Across the province, the role of certain hospital is changing - some are shifting to community health centres, some are being converted to long term care facilities, and some are closing entirely.

All of these changes have a direct impact on ambulance services. Currently, there is a wide range of approaches to the provision of ground ambulance services across the province. Most are owned and operated by municipalities, but some are operated by the private sector, volunteers, Native bands and industrial firms. In the past, concerns have been raised about inequitable access to ground ambulance services in different parts of the province, lack of coordination and fragmented patient care. There have also been disparities in paying for ground ambulance services for in-patients and emergency out-patients.

To address these issues and to ensure that well coordinated and responsive ground ambulance services are available across the province, the **Ground Ambulance Services Task Force** was established by the Minister of Health in October 1995.

In April 1996, the Ground Ambulance Services Task Force released the consultation document "Toward A Model Of Governance And Funding Of Ground Ambulance Services In Alberta". The consultation document outlined the recommendations of the Task Force following a review of key ground ambulance issues and alternatives and invited stakeholder comments on the recommendations.

**Ambulance services are recognized as an integral component of a comprehensive health system.** Alberta Health has already acted on a recommendation of the Ground Ambulance Services Task Force. The April 1, 1997, implementation of the Inter-Hospital Transfers of Emergency Patients project will address the inequity in payment practices for in-patient and emergency patient transfers by ground ambulance. Pre-hospital ground ambulance services will remain the responsibility of the patient and/or their insurance company.

These recommendations are the result of stakeholder feedback on the consultation document and implementation of the emergency patient transfers project. **The major issues that remain to be addressed are ambulance service coordination and funding.** The recommendations in this paper are designed to improve the efficiency and effectiveness of the ground ambulance system to ensure that it supports new directions in Alberta's health system and provides Albertan's with access to ground ambulance services when they need them.

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## ACKNOWLEDGEMENTS

The Ground Ambulance Services Task Force acknowledges the individual and combined efforts of the many participants in the ambulance services and emergency health care fields who provided input into the recommendations. In addition, acknowledgement must be given to the many local, municipal and regional health authority leaders who shared their views and concerns about the future of the ambulance services/emergency health system in Alberta. Their interest indicates a true desire to ensure that the best possible ambulance system is developed and maintained to meet the needs of the people of this province both now and in the future.

The Ground Ambulance Services Task Force committee members are:

- Judy Gordon — MLA Lacombe-Stettler, (Chair), member of the 1994 Air Ambulance Review Committee;
- Paul Langevin — MLA Lac La Biche-St. Paul, Chairman of the Ambulance Advisory and Appeal Board;
- George Veheire — Chairman of the Regional Health Authority Task Force on Ambulance and Patient Transportation and board member of the David Thompson Regional Health Authority;
- Jan Bruneau — member of the Ambulance Advisory and Appeal Board;
- Tom Sampson — Operations Manager, Calgary Emergency Medical Services;
- Iris Evans — member of the 1988 Policy Advisory Committee that prepared the New Dimensions in Emergency Health Services: an Alberta Solution report (member of the Ground Ambulance Services Task Force until March 11, 1997);
- Roelof Heinen — President of the Alberta Association of Municipal Districts and Counties;
- Harley Phillips — Albert Urban Municipalities Association;
- Leroy Chahley — City of Edmonton.

## MANDATE OF THE GROUND AMBULANCE SERVICES TASK FORCE

The Ground Ambulance Services Task Force was appointed by the Minister of Health on October 27, 1995. The mandate of the Task Force is:

> *"to ensure that present and future ambulance and emergency health initiatives support health system restructuring at the local, regional and provincial levels. The Task Force will build upon the comprehensive analysis completed by the Regional Health Authority Task Force on Ambulance and Patient Transportation."*

Reporting to the Minister of Health, the work of the Task Force is guided by Alberta Health's Three Year Business Plan. Among the Business Plan's objectives are to "enhance rural patient transportation services" and "partnership with other levels of government in support of ... ambulance services."

The Task Force was asked to make a number of recommendations to the Minister on the coordination and funding of ambulance services in Alberta. In April 1996, the Ground Ambulance Services Task Force released the consultation document "Toward A Model Of Governance And Funding Of Ground Ambulance Services In Alberta". The consultation document outlined the recommendations of the Task Force following their review of key ground ambulance issues and alternatives. Approximately 800 copies of the consultation document were provided to stakeholders in April and May 1996. As well, 20 meetings were held throughout the province, with Regional Health Authorities, municipalities, various professional associations, and in conjunction with the Alberta Urban Municipalities Association Regional Conferences. Stakeholders were requested to provide the Task Force with their comments on the recommendations.

Based on the stakeholder feedback from the consultation process, the task force arrived at the following conclusions:

- A more collaborative approach to service coordination is required, rather than a new model of governance.
- Funding for ambulance services should be shared by the Regional Health Authorities, municipalities and the provincial and federal governments.
- A Basic Life Support level of service[1] be achieved/maintained across the province.

The following sections outline the Task Force recommendations in relation to service coordination and funding.

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Funding of a province-wide Basic Life Support level of service is not meant to discourage use of volunteer providers. The funding provided will support training of attendants, regardless of their employment status, at an Emergency Medical Technician-Ambulance level.

## AMBULANCE SERVICE COORDINATION

The Task Force recognizes that areas within the province are unique geographically and demographically. Municipal ambulance services assume different roles and prominence throughout the province. Ambulance service coordination must reflect this diversity.

The vast number of ground ambulance services, legislative barriers, and the different models of governance and service delivery currently used have made service coordination difficult. While there is a need to improve coordination, especially with the Regional Health Authorities, the Task Force does not believe that a "one size fits all" approach is acceptable. Within an overall framework, there should be room for flexibility and for maintaining arrangements that are working well and meeting the needs of people in the region.

To assess models of service coordination, the Task Force established the following criteria:

- consistency and the provision of a minimum uniform standard of Basic Life Support ground ambulance service for all Albertans;
- involvement of elected officials and the public in determining the needs and service standards;
- coordination and integration of ground ambulance services with other health and hospital services, the provincial air ambulance program and other emergency (fire, police and rescue) services;
- appropriate deployment of personnel and the ability to meet their training and development needs;
- provision of the highest level of services at the lowest cost;
- ease of implementation with an acceptable amount of disruption to the delivery of services while, at the same time, improving integration and coordination;
- the ability to maintain and improve service standards in areas where required, without having a negative impact on the level of service in other areas;
- the ability to meet the principles of effective service delivery, particularly improving integration among ambulance operators.

In preparing its recommendations, the Task Force considered these issues along with background information on the current situation. The Task Force's overall objective is to recommend solutions which will take into account the current strengths of ambulance service delivery in some parts of the province, but at the same time, put in place an improved and more integrated approach.

## Recommendations:

With respect to ambulance service coordination, the Task Force recommends that:

**(1) Regional Ambulance Service Committees are established by March 31, 1998. The purpose of each committee is to ensure a collaborative approach to ambulance service coordination, both within the region and between regions.**

It is also recommended that:

- Regional Ambulance Service Committees include municipalities within the boundaries of the Regional Health Authority.
- Regional Ambulance Service Committees include representatives from local municipalities and representatives of Regional Health Authorities.
- Alberta Health work with Regional Ambulance Service Committee representatives (Regional Health Authorities and municipalities) to ensure effective collaboration among participants and development of a coordinated/integrated ambulance system.
- Regional Ambulance Service Committees should collaborate with local Emergency Medical Services stakeholders (including physicians responsible for Emergency Medical Services within the region and local ambulance operators).
- Roles and responsibilities of the Regional Ambulance Service Committees may include:
  - assessing unique service needs for the region.
  - monitoring and evaluating ambulance service utilization;
  - establishing and maintaining linkages with fire, police and disaster services;
  - working with stakeholders to ensure economies of scale (for example, assisting in provision of training/skills upgrading for smaller services, staffing, and bulk purchasing of medical equipment and supplies);
  - reviewing the use of ambulance attendants in other related roles in the local health workforce;
  - encouraging health promotion and injury prevention efforts (in conjunction with programs delivered by RHAs) to reduce reliance on ambulance services and to promote use of medically appropriate and cost-effective transportation alternatives;
  - promoting public awareness about ambulance services, payment responsibilities, and service costs;

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Reference: **Principles and Recommendations for the Regulation of Health Professionals in Alberta: Final Report of the Health Workforce Rebalancing Committee** November 3, 1995.

- promoting teamwork among stakeholders in the emergency health services;
- seeking medical advice from physicians responsible for Emergency Medical Services within the region;
- reviewing and monitoring outcome measures with respect to patient care, accountability and cost effectiveness;
- reviewing and advising on dispatch and communication issues.

**(2) Physicians responsible for Emergency Medical Services within the region work collaboratively with the Regional Ambulance Service Committees to:**

- provide advice on medical issues when requested by the Regional Ambulance Service Committee;
- develop medical protocols to ensure best level of care;
- ensure a coordinated approach to provision of air and ground ambulance services.

## FUNDING OF AMBULANCE SERVICES

Ambulance services in Alberta are funded by municipalities, the provincial and federal governments (on a "fee-for-service" basis), and through user fees. Within this level of funding, however, there is a wide range in the level of service provided in different parts of the province.

Inter-hospital in-patient and emergency patient transfers have been identified as a responsibility of the Regional Health Authorities and are funded by Alberta Health. Funding for inter-hospital transfers of in-patients is included in the Regional Health Authorities' global budgets. For the duration of the two year evaluation project, the inter-hospital emergency patient transfer program will be funded in the form of accountable grants. It is anticipated that eventually, funding for inter-hospital emergency patient transfers will reside within Regional Health Authority global budgets. Regional Health Authorities would continue to provide services based on standards/expectations (including performance measures) provided by Alberta Health.

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**Inter-hospital Transfer**: The transportation of emergent patients by ground ambulance from one eligible facility to another eligible facility for the purpose of receiving a higher level of care. An eligible facility is an approved hospital that provides insured services to in-patients and emergency patients. (**Policy Framework: Inter-Hospital Ground Ambulance Transfers of Emergency Patients**, Revised April 21, 1997, Alberta Health.)

Pre-hospital, ground ambulance services will remain the responsibility of the patients and/or their insurance companies. This will ensure consistency among Regional Health Authorities.

## Recommendations:

With respect to the funding of ambulance services, the Task Force recommends that:

**(1) Funding for ambulance services continue to be shared by the Regional Health Authorities, municipalities and the provincial and federal governments.**

It is also recommended that:

- Funding for inter-hospital transfers of in-patients will remain the responsibility of the Regional Health Authorities.
- Funding for inter-hospital transfers of emergency patients will continue to be the responsibility of the Regional Health Authorities (pending results of the evaluation project).
- Regional Health Authorities will be responsible for inter-hospital transfers for seniors, low income Albertans, individuals covered by Family and Social Services, and Treaty Indians (pending results of the evaluation project and negotiations with provincial and federal government departments).
- Funding for pre-hospital ambulance services for seniors, low income Albertans, and individuals covered by Family and Social Services will remain a provincial government responsibility. These government sponsored programs will be funded on a fee-for-service basis. The provincial government will set a rate and extra billing to the patient will not be allowed.
- Funding for pre-hospital ambulance services for Treaty Indians will remain the responsibility of the Medical Services Branch of Health Canada.
- Funding for pre-hospital services for all other Albertans will continue to be the responsibility of municipalities. Municipal funding will be provided through:

  1. user fees (individuals or private insurance contributions);

  2. conditional grants provided by Alberta Health to support a minimum Basic Life Support standard of service, in accordance with the Ambulance Services Act, and focus on improving patient outcomes.

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**Pre-hospital Services**: Ambulance transportation to the first eligible facility.

Pre-hospital, ground ambulance services will remain the responsibility of the patients and/or their insurance companies. This will ensure consistency among Regional Health Authorities.

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It is also recommended that:

- funding for inter-hospital transfers of in-patients will remain the responsibility of the Regional Health Authorities;
- funding for inter-hospital transfers of emergency patients will continue to be the responsibility of the Regional Health Authorities (pending results of the evaluation project);
- Regional Health Authorities will be responsible for inter-hospital transfers for seniors, low income Albertans, individuals covered by Family and Social Services, and Treaty Indians (pending results of the evaluation project and negotiations with provincial and federal government departments);
- funding for pre-hospital ambulance services for seniors, low income Albertans, and individuals covered by Family and Social Services will remain a provincial government responsibility. These government sponsored programs will be funded on a fee-for-service basis. The provincial government will set a rate and extra billing to the patient will not be allowed.
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The Ambulance Services Ambulance Investigation in the Task Force Report.

Conditional grants will:

* be tied to a provincial user fee rate schedule which will not be higher than the current user fee rate schedule used for government sponsored programs. **Extra billing to the patient will not be allowed.**
* specify standards and performance measures required by service providers to ensure accountability.
* subject to regular audits being conducted.

- The funding allocation for each municipality will be made in a fair, equitable manner and will be closely aligned to the population needs-based funding formula based on populations served and regional characteristics that impact the cost of services. The population needs-based funding formula will consider the following factors:
  - age and gender;
  - socio-economic health risk;
  - sparsity of population;
  - cost of doing business

- Additional funding to support an Advanced Life Support Level of service will continue to be the responsibility of the municipalities.

**(2) To ensure equitability, patients transported by either ground or air ambulance should pay the same base rate for a scene call.**

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